



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF HOME INSPECTORS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR LICENSED HOME INSPECTOR BY ENDORSEMENT INSTRUCTIONS

When to Apply

File the *Application for Licensed Home Inspector by Endorsement* application when you hold *current* licensure as a Home Inspector in any jurisdiction (state, U.S. territory or District of Columbia) *that has a licensing board for Home Inspectors*.

If you do not hold a *current* licensure in any jurisdiction, you may qualify based on your experience. See [Home Inspector by Experience](#). However, if you do not qualify based on experience either, you must register as a [Home Inspector Trainee](#).

INFORMATION FOR PENNSYLVANIA HOME INSPECTORS

The State of Pennsylvania does *not* have a licensing board for Home Inspectors and does *not* issue Home Inspector licenses. Membership in a non-profit home inspection society or in the Pennsylvania Home Inspectors Coalition (PHIC) is not considered licensure for purposes of Delaware licensure by endorsement. If you do not qualify based on experience, you must register as a Home Inspector Trainee.

Requirements for All Applicants

- ☐ Submit completed, signed and notarized [Application for Licensed Home Inspector by Endorsement](#).
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Arrange for the Board office to receive a letter of good standing *directly* from each jurisdiction where you have ever been a trainee or held a license.
- ☐ Arrange for the Board office to receive a certificate of *Liability, Errors and Omissions Insurance*, sent *directly* from the insurance carrier to the Board office.
 - You or your employer must carry at least \$50,000 of errors and omissions insurance and at least \$250,000 of liability insurance.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.
- ☐ You may be required to submit additional documentation depending on whether you are licensed in a jurisdiction where the licensure requirements are substantially similar to Delaware's requirements (e.g., New Jersey) **and** whether you are a member of the American Society of Home Inspectors (ASHI) or of the National Association of Home Inspectors (NAHI). Read the following instructions carefully.
 - You do **not** have to submit any additional documentation if...
 - You have practiced **five or more years** in a jurisdiction where you hold current Home Inspector licensure, **or**
 - You are licensed as a Home Inspector in New Jersey.
 - The following table shows what additional documentation to submit when you've practiced **fewer than five years** in a jurisdiction where you hold a current license and you are **not** licensed in New Jersey:

IF you...	AND IF you are licensed...	THEN ...
<p>hold one of these memberships:</p> <ul style="list-style-type: none"> • inspector or certified inspector member of ASHI, or • regular member or certified real estate inspector of NAHI <p>Note: ASHI or NAHI associate memberships do not qualify. See below.</p>	anywhere other than New Jersey	<p>submit proof of your ASHI or NAHI membership.</p> <p>Reason: NAHI or ASHI membership at this level establishes that you have the required experience of practicing at least one year and completing at least 75 inspections.</p>
<ul style="list-style-type: none"> • do not hold any ASHI or NAHI membership, or • hold only an associate ASHI or NAHI membership 	only in Maryland	<p>STOP. You must register as a Home Inspector Trainee.</p> <p>Reason: You do not qualify based on endorsement because the Board has determined that Maryland's license requirements are not substantially similar to Delaware's. You also do not qualify based on Home Inspector by Experience.</p>
	anywhere other than Maryland and New Jersey	<p>submit copies of the other jurisdictions' licensing law and rules and regulations for the Board to review.</p> <p>Reason: The Board will determine if any of the license requirements are substantially similar to Delaware's. If none are, you must register as a Home Inspector Trainee.</p>



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IDENTIFYING AND CONTACT INFORMATION

1. Name: _____
Last First Middle initial
2. Other Names Used: None ☐ _____
(Include maiden, other married, alternative spellings.)
3. Date of Birth (month/day/year): _____ Gender: ☐ Male ☐ Female
4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. **Mailing** Address: _____
City State Zip code
6. Phone: _____ Email: _____ None ☐

INSURANCE INFORMATION

7. Do you or your employer carry at least \$50,000 of errors and omissions insurance and at least \$250,000 of liability insurance? Yes ☐ No ☐ If no, skip to the **LICENSURE HISTORY** section. If yes, check one:
- ☐ I carry the required amounts of insurance.
- ☐ My employer carries the required amounts of insurance. If you check this item, complete the following:
- Employer Name: _____
- Employer Address: _____
- Employer Phone: _____ Employer Email: _____
8. Name of Insurance Carrier: _____

Arrange for the Board office to receive a certificate of Liability, Errors and Omissions Insurance, sent directly from the insurance carrier to the Board office.

LICENSURE HISTORY

9. Enter the following information about *each* trainee or home inspector license you have ever held.

JURISDICTION	LICENSE NUMBER	STATUS (e.g., active, inactive, expired)	ISSUE DATE

Arrange for the Board office to receive a letter of good standing *directly* from each jurisdiction where you have ever been a trainee or held a license. If you are currently licensed in New Jersey, skip to the DISCLOSURES section.

10. Have you practiced for *five or more years* in any jurisdiction where you now hold a current license as a Home Inspector? Yes ☐ No ☐ **If yes, enter the jurisdiction(s) below and skip to the DISCLOSURES section. If no, continue to the next question.**
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11. Are you a member of ASHI as an inspector or certified inspector **or** a member of NAHI as a regular member or certified real estate inspector? Yes ☐ No ☐
- **If yes, submit a proof of your ASHI or NAHI membership and skip to the DISCLOSURES section.**
 - **If no and you are licensed anywhere other than Maryland, submit copies of the other jurisdictions' licensing law and rules and regulations for the Board to review. If you are licensed only in Maryland, STOP – see the Instruction Sheet.**

DISCLOSURES

12. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a complete explanation and a certified copy of your criminal history record from any jurisdiction in which you have been convicted or pardoned. For information on obtaining a Delaware criminal history record, see [State Bureau of Identification](#).**
13. Are any criminal charges pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**
14. Have you ever received any administrative penalties (disciplines) regarding your practice as a home inspector, including but not limited to fines, formal reprimands, license suspensions or revocation (except for license revocations for nonpayment of license renewal fees), probationary limitations, **or** have you entered into any agreements which contain conditions placed by a regulatory agency on your professional conduct and practice, including any voluntary surrender of a license, certificate or registration in Delaware or elsewhere? Yes ☐ No ☐ **If yes, submit a copy of the agency's order and a written explanation.**
15. Are any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you are currently, or were previously, licensed, certified, or registered? Yes ☐ No ☐ **If yes, submit a written explanation.**
16. Do you have any impairment related to drugs or alcohol that would limit your ability to act as a home inspector in a manner consistent with the safety of the public? Yes ☐ No ☐ **If yes, submit a written explanation.**

To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-6 weeks to receive your license.

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AFFIDAVIT

I, the applicant, being duly sworn according to law, depose and say that the answers above set forth are true to the best of my knowledge and belief and that the application is made for the purpose of inducing the issuance of the license requested. I hereby confirm that I have read and agree to abide by all home inspector laws and rules in the State of Delaware and agree to cooperate with any investigation initiated by the Delaware Board of Home Inspectors including providing relevant documents and personally appearing before the Board and/or its investigators.

Applicant Signature: _____ **Date:** _____

State of _____ County of _____

Sworn and subscribed to before me this _____ day of _____, 2____.

Signature of Notary Public: _____

SEAL

My commission expires: _____

***APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE
REQUIRED PROCESSING FEE WILL BE REJECTED.***